

Fill in this information to identify the caseDebtor name Newstream Hotel Partners-IAH, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number (if known) 20-41064-11☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. <u>First State Bank</u>	<u>Checking account</u>	<u>8</u> <u>1</u> <u>8</u> <u>9</u>	<u>\$125,478.05</u>
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4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

4.1. <u>UC Red Lion Houston Holder Reserves</u>	<u>\$821,310.66</u>
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5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$946,788.71**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Debtor	Newstream Hotel Partners-IAH, LLC
Name	

Case number (if known) **20-41064-11**

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ = → _____
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ = → _____
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

Debtor	Newstream Hotel Partners-IAH, LLC			Case number (if known)	20-41064-11
	Name				
	General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Hotel Supplies	01/01/2020	\$12,187.00	Liquidation Value	\$0.00
23.	Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$0.00
24.	Is any of the property listed in Part 5 perishable?				
	<input type="checkbox"/> No				
	<input checked="" type="checkbox"/> Yes				
25.	Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26.	Has any of the property listed in Part 5 been appraised by a professional within the last year?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____		
36. Is a depreciation schedule available for any of the property listed in Part 6?			
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		

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37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

Debtor **Newstream Hotel Partners-IAH, LLC**
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53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. **500 N. Sam Houston Pkwy. E.
Houston, TX 77060**
**500 N. Sam Houston Pkwy. E.,
Houston, TX 77060**

Fee Simple

\$2,984,312.63

Fair Market Value

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

Choice Hotels Franchise Agreement

Unknown

Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

Debtor Newstream Hotel Partners-IAH, LLC Case number (if known) 20-41064-11
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Interest in Insurance Policies

Unknown

Insurance Proceeds

\$1,200,000.00

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claims and causes of action against HMC Hospitality Operating Company, including breach of contract

Unknown

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Claims, counterclaims, and causes of action against UC Red Lion Houston Holder, including lender liability claims

Unknown

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$1,200,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **Newstream Hotel Partners-IAH, LLC**
NameCase number (if known) **20-41064-11****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$946,788.71</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$1,200,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$2,146,788.71</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$2,146,788.71</u>

Fill in this information to identify the case:

Debtor name Newstream Hotel Partners-IAH, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 20-41064-11

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1	Creditor's name <u>Harris County Tax Assessor</u>	Describe debtor's property that is subject to a lien <u>\$100,066.19</u>	<u>\$0.00</u>
	Creditor's mailing address <u>Ann Harris Bennett</u>	500 N. Sam Houston Pkwy. E., Houston, TX 77060	
	P.O. Box 4663	Describe the lien <u>Taxes</u>	
	Houston TX 77210-4663	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.		

1) Harris County Tax Assessor; 2) UC Funding; 3) Westway Construction Services, LLC.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,477,196.10

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name UC Funding	Describe debtor's property that is subject to a lien \$5,000,000.00	\$0.00
	Creditor's mailing address 745 Boylston Street	500 N. Sam Houston Pkwy. E., Houston, TX 77060	
		Describe the lien Deed of Trust	
	Boston MA 02116	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Date debt was incurred 09/27/2018	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		

2.3	Creditor's name Westway Construction Services, LLC	Describe debtor's property that is subject to a lien \$377,129.91	\$0.00
	Creditor's mailing address d/b/a Westway Construction	500 N. Sam Houston Pkwy. E., Houston, TX 77060	
	c/o Angeline V. Kell	Describe the lien M&M Lien	
	5051 Westheimer, Suite 1200	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Houston TX 77056	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date debt was incurred		
	Last 4 digits of account number		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		

Fill in this information to identify the case:

Debtor Newstream Hotel Partners-IAH, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 20-41064-11

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

Alejandrina Chavez

4911 Harmon Street

Houston TX 77093

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$820.00

\$820.00

2.2 Priority creditor's name and mailing address

Amberly Garcia

514 Alley Ct

Spring TX 77388

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$421.97

\$421.97

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3 Priority creditor's name and mailing address**Angeline E. Grasse****331 Parramatta Lane****Apt. 207**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,252.58**\$1,252.58****Houston TX 77073**

Basis for the claim:

Wages

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.4** Priority creditor's name and mailing address**Antonia Luvianos-Benitez****4216 Trenton Road**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$579.60**\$579.60****Houston TX 77093**

Basis for the claim:

Wages

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.5** Priority creditor's name and mailing address**Balraj Sra****3 Rocky Lane**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,736.00**\$2,736.00****Houston TX 77040**

Basis for the claim:

Wages

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6 Priority creditor's name and mailing address**Carlos Padilla****7222 Winding Trace Drive****Houston TX 77086**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,508.66**\$1,508.66****2.7** Priority creditor's name and mailing address**Elizabeth Benavente****500 North Sam Houston Parkway East****Houston TX 77034**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,660.89**\$1,660.89****2.8** Priority creditor's name and mailing address**Hector A. Alvarenga****13750 Repa Lane****Houston TX 77014**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,805.56**\$1,805.56**

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.9 Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.***\$220.00****\$220.00****Jesus Herrera**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

6014 Woodview

Basis for the claim:

Humble TX 77396**Wages**

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.10** Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.***\$473.03****\$473.03****Luisa Guzman-Castro**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

16250 Imperial Valley Drive

Basis for the claim:

Houston TX 77060**Wages**

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)**2.11** Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.***\$404.94****\$404.94****Maria Garcia**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

8523 Jack Pine Place

Basis for the claim:

Tomball TX 77375**Wages**

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.12 Priority creditor's name and mailing address**Maria Garnica****419 Country Fair Drive****Houston TX 77060**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$476.00**\$476.00****2.13** Priority creditor's name and mailing address**Maria Venegas****2143 Grenbriar Colony**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$95.95**\$95.95****2.14** Priority creditor's name and mailing address**Mariano Hernandez****7222 Winding Trace Drive****Houston TX 77086**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,907.36**\$2,907.36**

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.15 Priority creditor's name and mailing address**Marie Bradley****1418 Evermore Manor Lane****Houston TX 77073**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(**4**)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$464.90**\$464.90****2.16** Priority creditor's name and mailing address**Mayra Y. Ramos****1511 Chestnut Tree Lane****Houston TX 77067**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(**4**)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$389.40**\$389.40****2.17** Priority creditor's name and mailing address**Puanani M. Lindon****P.O. Box 92983****Lafayette LA 70509**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(**4**)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$4,684.62**\$4,684.62**

Debtor Newstream Hotel Partners-IAH, LLCCase number (if known) 20-41064-11**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.18 Priority creditor's name and mailing addressRichard Cobian22221 Cypreswood DriveApt. 603As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,366.54\$1,366.54Spring TX 77373

Basis for the claim:

Date or dates debt was incurred _____

Wages

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)**2.19** Priority creditor's name and mailing addressRonald Freeman90 Northpoint DriveApt. 313As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$396.00\$396.00Houston TX 77060-3247

Basis for the claim:

Date or dates debt was incurred _____

Wages

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)**2.20** Priority creditor's name and mailing addressRosa M. Garcia906 Greens RoadApt. 83As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$266.22\$266.22Houston TX 77060

Basis for the claim:

Date or dates debt was incurred _____

Wages

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.21 Priority creditor's name and mailing address**Rosalia Guzman****215 Mill Stream Lane****Houston TX 77060**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$140.88**\$140.88****2.22** Priority creditor's name and mailing address**Ruben Pineda****20318 Paso Fino Drive****Humble TX 77338**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,126.96**\$1,126.96****2.23** Priority creditor's name and mailing address**Sherry A. Harvey****10419 Clearwater Crossing Blvd.****Houston TX 77075**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,884.80**\$2,884.80**

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.24 Priority creditor's name and mailing address**Texas Comptroller of Public Accounts****P.O. Box 13528****Austin TX 78711-3528**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Mixed Beverage Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

\$344.25**\$344.25****2.25** Priority creditor's name and mailing address**Texas Comptroller of Public Accounts****P.O. Box 13528****Austin TX 78711-3528**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Hotel Occupancy Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

\$36,778.30**\$36,778.30****2.26** Priority creditor's name and mailing address**Texas Comptroller of Public Accounts****P.O. Box 13528****Austin TX 78711-3528**

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales & Use Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

\$14,458.35**\$14,458.35**

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.27 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$249.60**\$249.60****Tila Sanchez**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

16303 Imperial Valley Drive**Apt. 509**

Basis for the claim:

Houston TX 77060**Wages**

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

2.28 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$457.32**\$457.32****Xavier Davis**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

7131 Pittswoods Lane

Basis for the claim:

Houston TX 77016**Wages**

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(**4**)

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address Advanced Business Copier P.O. Box 12018 Spring TX 77391 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.79
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address Airgas USA, LLC P.O. Box 676015 Dallas TX 75267-6015 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,112.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address Airport Accomodations O'Hare Accomodations, Inc. 1900 E. Golf Road Suite M150 Schaumburg IL 60173 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$672.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address Aleman Repair Service P.O. Box 1997 Bellaire TX 77402 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,099.93

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>Allbridge</u> <u>c/o ALC</u> <u>P.O. Box 78131</u> <u>Milwaukee</u> <u>WI</u> <u>53278</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,323.02</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>AllPoints Food Service Parts &</u> <u>Supplies, Inc.</u> <u>P.O. Box 74007307</u> <u>Chicago</u> <u>IL</u> <u>60674-7307</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$83.99</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>ALSCO</u> <u>2641 S. Leavitt Street</u> <u>Chicago</u> <u>IL</u> <u>60608</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$155.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>American Hotel Register Co.</u> <u>P.O. Box 71299</u> <u>Chicago</u> <u>IL</u> <u>60694-1299</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,880.88</u>

Debtor Newstream Hotel Partners-IAH, LLCCase number (if known) 20-41064-11**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$268.57

Check all that apply.

AT&T (ATT-5001)☐ ContingentP.O. Box 5001☐ Unliquidated☐ DisputedCarol Stream IL 60197-5001

Basis for the claim:

Services Rendered

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes**3.10** Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$6.21

Check all that apply.

AT&T OneNet Service☐ ContingentP.O. Box 5001☐ Unliquidated☐ DisputedCarol Stream IL 60197-5001

Basis for the claim:

Services Rendered

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes**3.11** Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$12,000.00

Check all that apply.

Bank of America☐ ContingentCredit Card☐ Unliquidated☐ Disputed

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes**3.12** Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$433.00

Check all that apply.

Battery Shack II☐ Contingent7601 North Federal Hwy☐ UnliquidatedSuite 110A☐ DisputedBoca Raton FL 33487

Basis for the claim:

Vendor

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address Ben E. Keith P.O. Box 2497 Fort Worth TX 76113 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,738.37
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address Birdie Imaging Supplies 1158 26th Street Suite 485 Santa Monica CA 90403 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address BluePrint RF 5555 Oakbrook Parkway Suite 140 Norcross GA 30093 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,834.03
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address Bluip Inc. P.O. Box 508 Burbank CA 91503 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.26

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address <u>Booking.com</u> <u>5295 Paysphere Circle</u> <u>Lockbox 5295</u> <u>Chicago</u> <u>IL</u> <u>60674-5295</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,803.69</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address <u>Brinks Inc.</u> <u>P.O. Box 64115</u> <u>Baltimore</u> <u>MD</u> <u>21264-4115</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,953.93</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address <u>Business Card</u> <u>P.O. Box 15796</u> <u>Wilmington</u> <u>DE</u> <u>19886-5796</u> Date or dates debt was incurred <u>11/01/2019</u> Last 4 digits of account number <u>2</u> <u>0</u> <u>3</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,094.54</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address <u>Center Point Energy Services Inc.</u> <u>P.O. Box 301149</u> <u>Dallas</u> <u>TX</u> <u>75303-1149</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,632.76</u>

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address Cintas Corporation 97627 Eagle Way Chicago IL 60678-7627 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$558.34
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address City of Houston Water Department P.O. Box 1560 Houston TX 77251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,917.12
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address Comcast Business P.O. Box 660618 Dallas TX 75266-0618 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.98
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address Constellation NewEnergy, Inc. P.O. Box 4640 Carol Stream IL 60197-4640 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,322.22

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address Dave's Table Lighting & Candle 16231 Cliff Haven Drive Houston TX 77095 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address DirectTV P.O. Box 60036 Los Angeles CA 90060-0036 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.09
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address Dobdin Floor Covering, Inc. Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,883.99
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address Ecolab Inc. P.O. Box 70343 Chicago IL 60673-0343 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.58

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address Ecolab Pest Elimination Division 26252 Network Place Chicago IL 60673-1262 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,316.85
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address Envirotech Mechanical Systems LLC 270 Lake Meadows Drive Montgomery TX 77316 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$741.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address Expotel Hospitality Services, LLC 401 Veterans Memorial Blvd. Suite 102 Metairie LA 70005 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,935.48
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address First State Bank of Roanoke Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ? Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183,000.00

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address Gannett - USA Today 7950 Jones Branch Drive McLean VA 22107-0150 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address Gesmer Updegrove LLP 40 Broad Street Boston MA 02109 Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>7</u> <u>1</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Legal Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,975.79
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address Greenbriar North Association P.O. Box 133063 Spring TX 77393 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Other Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,186.52
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address Harris County Tax Assessor Ann Harris Bennett P.O. Box 4663 Houston TX 77210-4663 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address Harris County Toll Road Authority 7701 Wilshire PI Dr. Houston TX 77040 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,784.88
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address HD Supply Facilities Maintenance P.O. Box 509058 San Diego CA 92150-9058 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,926.08
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address HMC Hospitality Operating Company c/o Julian P. Vasek Munsch Hardt Kopf & Harr, P.C. 500 N. Akard Street, Suite 3800 Dallas TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ? Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address Houston Independent Security 9894 Bissonnet Street Suite 303 Houston TX 77036 Date or dates debt was incurred 04/02/2019 Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,951.81

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address Industrial Fire Equipment & Service 204 N. Palmer Houston TX 77003 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.92
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address IPFS Corporation P.O. Box 730223 Dallas TX 75373-0223 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,625.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address Logix Fiber Networks P.O. Box 734120 Dallas TX 75373-4120 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,032.84
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address Minuteman Press 426 Aldine Bender Houston TX 77060 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,177.47

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address Muzak, LLC dba Mood Media P.O. Box 71070 Charlotte NC 28272-1070 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,787.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address NCS Commercial Recovery on behalf of The Knowledge Group P.O. Box 24101 Cleveland OH 44124 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,297.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address Newstream Commercial 311 South Oak Street Suite 250 Roanoke TX 76262 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,395.65
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address Newstream Hospitality Partners 311 South Oak Street Suite 250 Roanoke TX 76262 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,168.48

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address Pitney Bowes P.O. Box 371887 Pittsburgh PA 15250-7887 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address Pitney Bowes P.O. Box 371887 Pittsburgh PA 15250-7887 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address Planet Ford 20403 I-45 Spring TX 77388 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,880.64
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address Pro Construction LLC d/b/a Complete DKI Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,148,399.23

Debtor Newstream Hotel Partners-IAH, LLCCase number (if known) 20-41064-11**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address <u>Red Lion Hotel Corporation</u> <u>Attn: Accounts Receivable</u> <u>1550 Market Street, Suite 425</u> <u>Denver</u> <u>CO</u> <u>80202</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Other</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$298,509.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address <u>Schindler Elevator Corp.</u> <u>P.O. Box 93050</u> <u>Chicago</u> <u>IL</u> <u>60673-3050</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,045.09</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address <u>Staples</u> <u>500 Staples Drive</u> <u>Framingham</u> <u>MA</u> <u>01702</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$107.89</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address <u>Summer Creek Cleaners</u> <u>11505 N. Sam Houston Pkwy E.</u> <u>Humble</u> <u>TX</u> <u>77396</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.02</u>

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address Sun Belt Rentals 5280 N. Sam Houston Pkwy E. Houston TX 77032 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,483.58
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address Synergetic Communications 5450 Northwest Central Suite 220 Houston TX 77092 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$688.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address Texas Mutual Insurance P.O. Box 841843 Dallas TX 75284-1843 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,887.46
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address The Terminix International Co. LP P.O. Box 802155 Chicago IL 60680-2131 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.80

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address Travel Click, Inc. 300 N. Martingale Suite 650 Schaumburg IL 60173 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.56 <hr/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address Vistar P.O. Box 951080 Dallas TX 75395-1080 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,289.29 <hr/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address Voss Lighting P.O. Box 22159 Lincoln NE 68542-2159 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$667.57 <hr/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address Waste Connection of Texas 2010 Wilson Road Humble TX 77396 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,327.37 <hr/>

Debtor Newstream Hotel Partners-IAH, LLCCase number (if known) 20-41064-11**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**5a. \$79,370.685b. **Total claims from Part 2**5b. + \$2,219,998.465c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$2,299,369.14

Fill in this information to identify the case:

Debtor name **Newstream Hotel Partners-IAH, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number (if known) 20-41064-11

Chapter 11☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Choice Franchise Agreement
-----	---	----------------------------

State the term remaining 19.5 years

List the contract number of any government contract.

Choice Hotels International
1 Choice Hotels Circle, Suite 402

Rockville	MD	20850
-----------	----	-------

2.2	State what the contract or lease is for and the nature of the debtor's interest	Lease
-----	---	-------

State the term remaining

List the contract number of any government contract.

Pitney Bowes
P.O. Box 371887

Pittsburgh	PA	15250-7887
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Fill in this information to identify the case:

Debtor name Newstream Hotel Partners-IAH, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number 20-41064-11
(if known)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Check all schedules that apply:

Name	Mailing address	Name	
2.1 Rob Lawson	<u>8100 E. Union Avenue</u> Number Street <u>Suite 2001</u> <u>Denver</u> <u>CO</u> <u>80237</u> City State ZIP Code	Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Rob Lawson	<u>8100 E. Union Avenue</u> Number Street <u>Suite 2001</u> <u>Denver</u> <u>CO</u> <u>80237</u> City State ZIP Code	UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Scott Tarwater	<u>311 S. Oak Street</u> Number Street <u>Suite 250</u> <u>Roanoke</u> <u>TX</u> <u>76262</u> City State ZIP Code	Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Scott Tarwater	<u>311 S. Oak Street</u> Number Street <u>Suite 250</u> <u>Roanoke</u> <u>TX</u> <u>76262</u> City State ZIP Code	UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Newstream Hotel Partners-IAH, LLC**Case number (if known) **20-41064-11****Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column 1: Codebtor**Column 2: Creditor**Check all schedules
that apply:*

2.5	Scott Tarwater	311 S. Oak Street <small>Number Street</small> Suite 250 Roanoke TX 76262 <small>City State ZIP Code</small>	Choice Hotels International	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.6	Tim Nystrom	311 S. Oak Street <small>Number Street</small> Suite 250 Roanoke TX 76262 <small>City State ZIP Code</small>	Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.7	Tim Nystrom	311 S. Oak Street <small>Number Street</small> Suite 250 Roanoke TX 76262 <small>City State ZIP Code</small>	UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8	Tim Nystrom	311 S. Oak Street <small>Number Street</small> Suite 250 Roanoke TX 76262 <small>City State ZIP Code</small>	Choice Hotels International	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Fill in this information to identify the case:Debtor Name Newstream Hotel Partners-IAH, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number (if known): 20-41064-11☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$2,146,788.71**1c. Total of all property**Copy line 92 from Schedule A/B..... \$2,146,788.71**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$5,477,196.10**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$79,370.68**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+** \$2,219,998.46**4. Total liabilities**Lines 2 + 3a + 3b..... **\$7,776,565.24**

Fill in this information to identify the case and this filing:

Debtor Name Newstream Hotel Partners-IAH, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 20-41064-11

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/22/2020
MM / DD / YYYY

DocuSigned by:
X Timothy Nystrom

Signature of individual signing on behalf of debtor

Timothy Nystrom

Printed name

See Exhibit "A"

Position or relationship to debtor

EXHIBIT “A”

Newstream Hotel Partners – IAH LLC

DocuSigned by:
By: Timothy Nystrom
363D2BCD66D24A0
Timothy Nystrom, President
Newstream Hotels & Hospitality LLC,
Manager of Newstream Hotel Partners – IAH LLC